

## **CAP-MR/DD Personal Care (PC) Endorsement Check Sheet Instructions**

### **Introduction**

Prior to site and service endorsement, business verification must take place. During the process of business verification, the provider organization submits a self study of the core rules (10A NCAC 27G .0201-.0204) verifying that they have met all the requirements therein. (The provider is not required to submit this if nationally accredited, licensed with DFS or has had a compliance review from NC Council of Community Programs within the past three years.) The documents created in adherence with the core rules should be utilized as evidence of provider compliance where noted in the check sheet and instructions.

The following set of instructions is to serve as general guidelines to facilitate the review of providers for endorsement. Service definitions, core rules (as noted above), staff definitions (10A NCAC 27G .104) and other DHHS communications (e.g. Service Records Manual, Communication Bulletins, Implementation Updates and other publications) should be used to support the reviewer's determination of compliance. In addition, the Business Entity Type Reference document (attached) assists to clarify the requirements for different business entities such as corporations, partnerships and limited liability corporations and partnerships.

### **Provider Requirements**

In this section, the provider is reviewed to ascertain that requirements are met in order for services to be provided. The provision of services is addressed later in this endorsement process.

- 1. a-d** Review identified documents for evidence that provider meets DMH/DD/SAS and/or DMA standards as related to administration responsibilities, financial oversight, clinical services and quality improvement. These standards include, but are not limited to, policies and procedures (contents of which are mandated in 10A NCAC 27G .0201 – Governing Body Policies) and the key documents required by law for the formation of the business entity (refer to attachment titled Business Entity Type).

Review documentation that demonstrates provider is a legal US business entity. Documentation should indicate the business entity is currently registered with the local municipality **or** the office of the NC Secretary of State, that the information registered with the local municipality **or** the Secretary of State is current, and that there are no dissolution, revocation or revenue suspension findings currently attached to the provider entity. Also review corporate documentation demonstrating registration to operate a business in NC. Information for corporate entities may be verified on the web site for the Secretary of State (refer to key documents section of attachment titled Business Entity Type).

Review the documentation that demonstrates the provider has been accredited by a designated accreditation agency. Evidence of formal application to a DMH-DD-SAS accepted National Accreditation body (prior to Nov. 1, 2009) or Certificate of National Accreditation (by Nov. 1, 2009 or 1 yr post provider enrollment date)

- Has the provider attained National Accreditation? If so review the actual Accreditation Document.

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- If not, what is the provider plan to attain National Accreditation? Review for evidence that the provider has selected an Accrediting agency or has evidence of official intent with an Accrediting agency

## **2. Staffing Requirements**

2.a-i In this section, the reviewer is primarily concerned with the hiring practices of the provider and ensuring that all employees in place are equipped with the education, training and experience to work with the population served in the capacity and at the level of intervention for which they were hired. Staff providing the service of Personal Care must meet requirements for paraprofessional in 10A NCAC 27G .0100-.0200. In addition, the staff must meet client specific competencies as identified by the participant's person centered planning team and documented in the Person Centered Plan/Plan of Care. These requirements must be met as outlined in the CAP-MR/DD waiver approved by the Centers for Medicaid and Medicare.

Review personnel files; supervision plans or other documentation that staff minimum requirements and supervision requirements are met. Review the job description for paraprofessionals and review the program description and personnel manual to determine the role and responsibilities of such staff and the expectation regarding supervision. Review the following for each paraprofessional:

- Employment application,
- Resume, and
- Other documentation for evidence of at least a GED or high school diploma. Existing staff must have documentation of either High School diploma/GED or b) they will have 18 months to obtain their GED upon implementation of the waiver. All new staff (hired post implementation) must have proof of High School Diploma or GED upon hire at implementation of the waiver.
- Client Specific Competencies Trainings
- Staff must successfully complete First Aid, CPR and DMH/DD/SAS Core Competencies and required refresher training

Each paraprofessional must have an individualized supervision plan that is carried out by a Qualified Professional or an Associate Professional. Review supervision plans to ensure that each paraprofessional is receiving supervision and review notes, schedule and other supporting documentation that demonstrate on-going supervision by the Qualified Professional or Associate Professional. In addition, the Person Centered Plan/Plan of Care must be reviewed to determine the client specific competencies to be addressed for the participant. Review of personnel files should include review of:

- Documentation verifying criminal record check
- Healthcare registry check
- Driving record must be checked if providing transportation and copy of driver's record.
- Have a valid North Carolina or other valid driver's license and copy if license.
- Have an acceptable level of automobile liability insurance (copy of insurance and registration)

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### **3. Service Type/Setting**

- 3.a-c Personal Care services include support, supervision and engaging participation with eating, bathing, dressing, personal hygiene, and other activities of daily living. It may be provided in a licensed day facility. The Person Centered Plan/Plan of Care clearly reflects significant physical limitations that require a primary focus on person care needs in the licensed day setting. Enhanced Personal Care is for participants receiving waiver funding who have intense medical or behavioral needs.

### **4. Program/Clinical Requirements**

- 4.a-f The elements in this section pertain to the provider's having an understanding of the Personal Care Services

Personal Care Services under North Carolina state plan differ in service definition or provider type from the services to be offered under the waiver. Personal Care services under the waiver include support, supervision and engaging participation with eating, bathing, dressing, personal hygiene and other activities of daily living. Support and engaging participant participation is non-habilitative and describes the flexibility of activities that may encourage the participant to maintain skills gained during active treatment and/or habilitation while also providing supervision for independent activities of the participant. This service may include preparation of meals, but does not include the cost of the meals themselves. Engaging the participant in utilizing skills gained during active treatment and/or habilitation is key and may be provided outside of the participant's residence.

When specified in the Person Centered Plan, this service may also include such housekeeping chores as bed making, dusting and vacuuming, which are incidental to the care furnished, or which are essential to the health and welfare of the participant, rather than the participants' family. Personal Care also includes assistance with monitoring health status and physical condition, assistance with transferring, ambulation and use of special mobility devices.

**Enhanced Personal Care** is intended for participants receiving waiver funding who have intense medical or behavioral needs. It is not a habilitative service but includes the same activities and functions as Personal Care Services. This service is intended 1) for participants who require the expertise and/or supervision of a Registered Nurse (RN) or Licensed Practical Nurse (LPN) due to the complexity or critical nature of the activities provided or 2) for participants with complex or extreme behaviors that are difficult to assess or effectively treat and therefore require a comprehensive behavioral plan. Such intense medical or behavioral needs must be identified by the NC-SNAP and the Person Centered Plan must provide clear documentation and justification of the need for Enhanced Personal Care. Enhanced Personal Care tasks may require some degree of decision making which could affect the health or safety of the participant on the part of the direct care staff providing the service. Direct care staff must receive on going training and supervision in the tasks to be completed. Specific training must be documented in the Person Centered Plan and be reflected in the personnel file of the direct staff member. If the enhanced level is provided the program description should reflect how additional training is provided to staff. The Person Centered Plan/Plan of Care and personnel files should reflect additional training requirements. The NC-SNAP should be reviewed since the specific medical or behavioral needs of the participant are identified within the NC-SNAP.

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**5. Service Limitations**

**5.a-e** Review program description as well as billing records to verify that billing of Personal Care does not include medical transportation or is provided during medical transportation.

Personal Care services do not include medical transportation and may not be provided during medical transportation and medical appointments; and can not be used with Personal Care or in licensed residential facilities, licensed alternative family living (AFL) homes, licensed foster care homes or unlicensed alternative family living homes serving one adult may not receive this service. See Glossary for AFL definition.

Observe program activities to verify that they are consistent with the above. Review the participant's Person Centered Plan/Plan of Care to insure that outcomes related to residential and community living are included and service notes to verify that the programming is consistent with individual needs (as indicated in the Person Centered Plan/Plan of Care).

**Documentation Requirements**

Documentation must include date of service, duration of service, task performed, signature (initials if full signature included on the page).

Review the provider's Policy and Procedure Manual to verify that documentation requirements are consistent with requirements noted above. Review service notes to verify that documentation is consistent with requirements.